

## Form CCF-ST Surcharge for Sightseeing Tours in Boston

Rev. 8/00

Massachusetts
Department of

Revenue

This return is due on or before the 20th day of	the month following the	close of each calendar quarter. For th	ne quarter endinç	)	
Registration Section					
Name			Federal Identification number		
Tanic		► ►			
Address					
City/Town			State	Zip	
Sightseeing Tour Surcharg	10				
1a Gross receipts for tickets sold for water-base		ue or entertainment cruise or tour in Re	oston ►1a		
<b>1b</b> Gross receipts for tickets sold for land-based	0				
1c Total gross receipts for tickets sold for tours	0	•			
2a Receipts from tickets sold to children for \$6.0					
<b>2b</b> Receipts from tickets sold to organized scho					
<b>2c</b> Receipts from tickets sold to the U.S. govern	, , ,				
2d Receipts from tickets sold to foreign diploma					
<b>2e</b> Total exempt ticket sales <i>Add lines 2a throug</i>	·				
3 Amount subject to surcharge. Subtract line 2					
4 Surcharge rate (5%)				.05	
5 Surcharge amount due. <i>Multiply line 3 by line</i>				\$	
6 Penalties				\$	
7 Interest				\$	
8 Total amount due. Add lines 5, 6 and 7				\$	
o Total amount duc. Add imos o, o and 1				Ψ	
Declaration					
	of navium, that all itama	and statements begain contained a	una turra and acce	wate in avery particular	
The undersigned certifies under the penalties	or perjury that all items		Phone number	irate in every particular.	
Signature of authorized officer		Date	Prione number		
Preparer's signature and Social Security number	Date	☐ Check if self-employed	Employer Identific	nation number	
Preparer's signature and Social Security number	Date	☐ Check if self-employed	Employer identific	ation number	
Firm name (or yours, if self-employed) and address	City/town		State	Zip	
File this return and payment in full with:					
Massachusetts Department of Revenue					
PO Box 7004					

Boston, MA 02204

Make check or money order payable to: Commonwealth of Massachusetts.